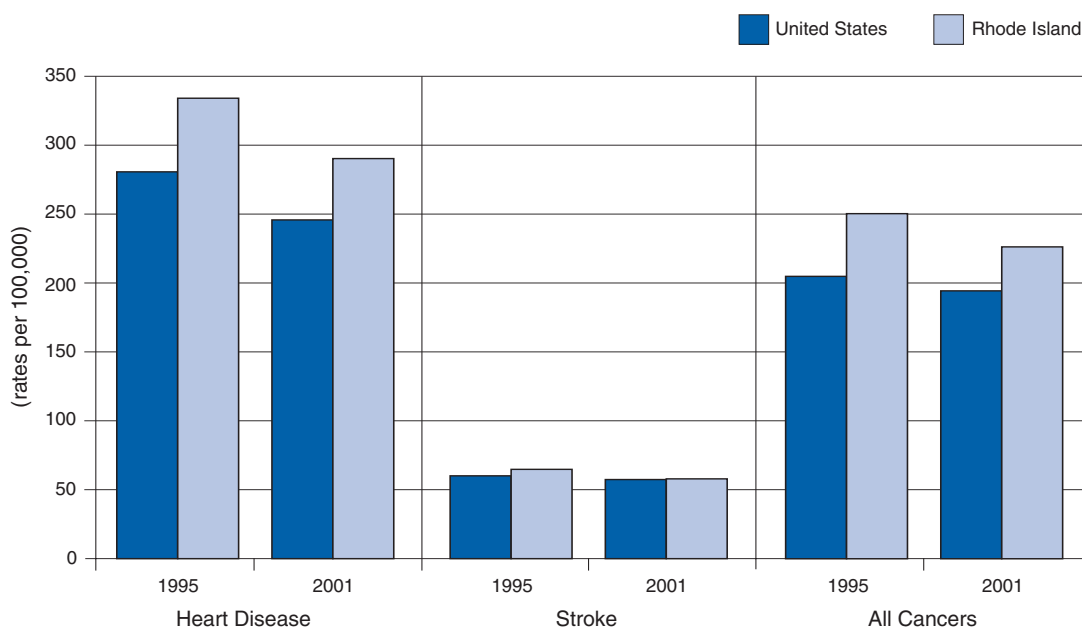


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Rhode Island, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

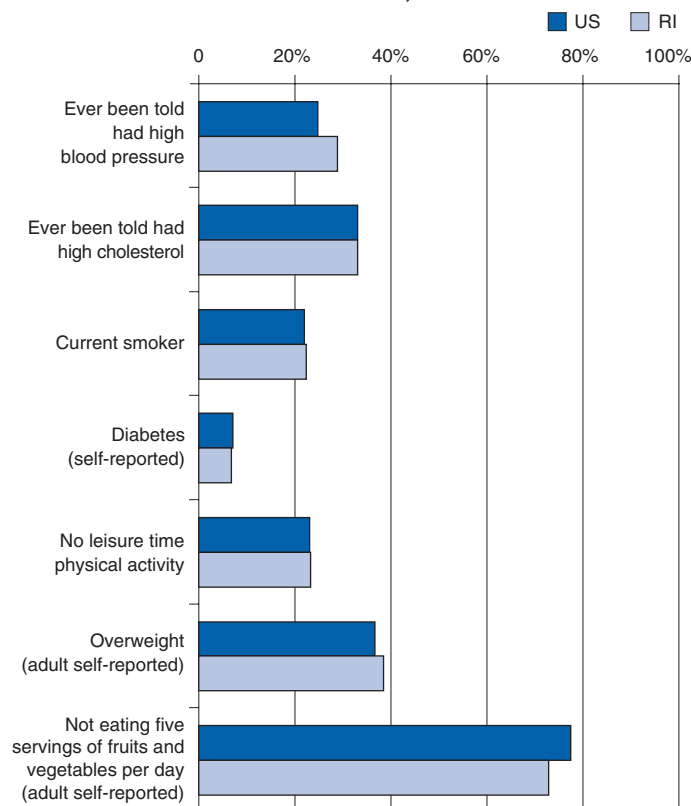
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Rhode Island, accounting for 3,076 deaths or approximately 31% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 614 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 2,450 are expected in Rhode Island. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 5,950 new cases that are likely to be diagnosed in Rhode Island.

Estimated Cancer Deaths, 2004

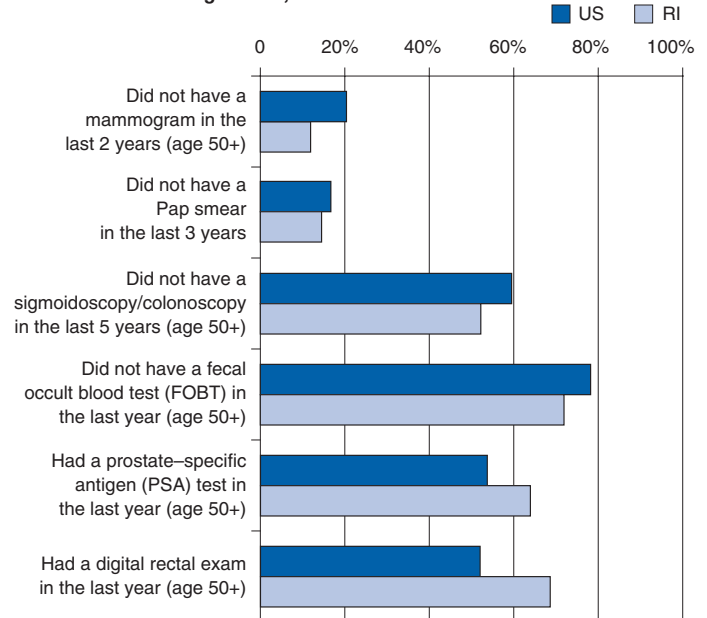
Cause of death	US	RI
All Cancers	563,700	2,450
Breast (female)	40,110	160
Colorectal	56,730	250
Lung and Bronchus	160,440	700
Prostate	29,900	130

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Rhode Island's Chronic Disease Program Accomplishments

Examples of Rhode Island's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women across all races, with the greatest decrease occurring among African American men (474.1 per 100,000 in 1990 versus 365.4 per 100,000 in 2000).
- A 19.7% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 31.6% in 1992 to 11.9% in 2002).
- Lower prevalence rates than the corresponding national rates for self-reported obesity (18.4% in Rhode Island versus 22.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Rhode Island in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Rhode Island, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Rhode Island BRFSS</i>	\$169,925
National Program of Cancer Registries <i>Rhode Island Cancer Registry</i>	\$303,833
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Diabetes Resource Center (DRC)</i> <i>Diabetes Outpatient Education (DOE) Board and DOE Educators</i> <i>Statewide "Eureka" Initiative</i> <i>Rhode Island Cooperative Eye Care Project</i> <i>Diabetes Multicultural Coalition (DMC)</i> <i>Teamworks</i> <i>Diabetes Community Health Improvement Project (Diabetes CHIP)</i>	\$787,398
National Breast and Cervical Cancer Early Detection Program <i>Women's Cancer Screening Program</i>	\$1,528,829
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control</i> <i>Rhode Island Cancer Control Plan</i>	\$194,525
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Rhode Island Tobacco Prevention and Control Program</i>	\$1,179,875
State Nutrition and Physical Activity/Obesity Prevention Program	\$88,060
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$4,252,445

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Rhode Island that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Obesity and Overweight

Overweight and obesity have reached epidemic proportions in the United States. Obesity-related health problems and associated costs are soon expected to surpass those associated with tobacco. Obesity rates among adults have steadily increased for all states including Rhode Island, where the obesity rate has almost doubled in the past 10 years. Rhode Island's Hispanics have experienced the sharpest relative increase in overweight and obesity (from 48% between 1991 and 1994 to 61% between 1998 and 2000). Over this same period, the prevalence of overweight and obesity remained highest among the state's African American adults.

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) indicate that in 2003, 38.5% of Rhode Island's population were overweight and an additional 18.4% were obese. The percentage of Rhode Island men who were overweight (48.1%) was higher than that of Rhode Island women (29.5%). The percentage of overweight whites in the state (39.3%) is slightly higher than the percentages for Hispanics (39.0%) and African Americans (37.9%). Several factors cause overweight and obesity: food and nutrient consumption patterns, a lack of physical activity, and socioeconomic factors. In Rhode Island, approximately 73% of the population consumes less than 5 servings of fruits and vegetables per day. In 2003, 23.3% of Rhode Islanders reported having no leisure time physical activity and almost 50% reported not meeting recommended guidelines for moderate physical activity.

Although overweight and obesity are problems on their own, they are also risk factors for diabetes. In 2002, 49,000 adult Rhode Islanders were diagnosed with diabetes or 5.8 per 100. The overall death rate in 2001 due to diabetes was 21.7 per 100,000. In Rhode Island, diabetes also seems to affect men more than women. The death rate for diabetes was higher among men (25.2 per 100,000) in Rhode Island than women (19.3 per 100,000).

In order to help combat the obesity problem in Rhode Island, the Rhode Island Department of Health is working with state and community partners on a 3-year obesity prevention and control program, "Initiative for a Healthy Weight."

Text adapted from *Rhode Island Obesity Control Program: A Public Health Approach to Addressing Overweight and Obesity Among Children and Adults*, 2002.

Disparities in Health

Hispanics represent approximately 13% of the U.S. population. According to the 2000 Census, this population, which increased by more than 50% from 1990 to 2000, is the fastest growing ethnic group in the United States. The greatest concentration of Hispanic populations is in the southwestern states. Hispanics make up nearly 9% of the population in Rhode Island, a percentage that is almost double that of the state's Hispanic population in 1990. In 2001, the poverty rate for Hispanics in Rhode Island was 43%, more than twice the rate for African Americans (20%) and 4 times the rate for whites in the state (10%). In 2003, 35.0% of Hispanics in Rhode Island had less than a high school diploma and 14.2% had a college degree. Approximately 63.0% of the Hispanic population in the state has an annual income of less than \$25,000. These socioeconomic factors contribute to the health disparities prevalent among Hispanics in Rhode Island.

Data from the Behavioral Risk Factor Surveillance System indicate that in 2003 Hispanics in Rhode Island had a higher rate of obesity (20.9%) than whites (18.4%). Hispanics are also at greater risk of developing health problems related to being overweight (59.9%) than whites (57.7%). BRFSS data from 2003 show that Hispanic Rhode Islanders had higher prevalence rates of diabetes (11.2%) than their African American (6.8%) and white (6.5%) counterparts. In addition, 67% of Hispanics in Rhode Island reported not meeting recommended guidelines for moderate physical activity. This percentage is higher than the percentage of whites in Rhode Island who report not meeting recommended guidelines for moderate physical activity (47.5%).

Other Disparities

- **Breast Cancer Screening:** In 2002, only 50% of Hispanic women in Rhode Island reported ever having had a mammogram, compared with 70% of white women.
- **Colorectal Cancer Screening:** In 2002, 56% of Hispanic men in Rhode Island reported never having had a sigmoidoscopy or colonoscopy, compared with 45% of white men.
- **Cholesterol Screening:** In Rhode Island, 31.0% of Hispanics reported never having had their blood cholesterol checked; in contrast, only 12.2% of whites reported never having had their blood cholesterol checked.

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